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NOTES ON CURRENT AND RECENT EVENTS.

ANTHROPOLOGY—PSYCHOLOGY—LEGAL-MEDICINE.

The Field of the Prison Physician.—The professional activities of the prison physician who lives up to his opportunities are widely diversified and are everywhere replete with human interest. Besides being practiced in general and internal medicine and a skilled general operating surgeon, the prison physician acts as institution health officer, as sanitarian and dietitian. He practices preventive medicine daily and is the recognized authority on body hygiene and physical exercise for his clientele. In his operating room he treats daily the cases of the aurist, rhinologist, laryngologist and ophthalmologist, and is no stranger to the work of the dentist and chiropodist. In his laboratory he is the pathologist, bacteriologist, microscopist and serologist, there checking up his operating room findings as syphigrapher and genito-urinary specialist, and he has, of course, expert knowledge of the technic of the Wasserman reaction and the administration of Salvarsan.

When improvements in operating room and laboratory equipment and up-to-date hospital supplies and apparatus are needed the institution physician is the first to recognize these needs and arrange for their supply. Or, if the hospital staff should need additional general or special medical, surgical or nursing skill the physician takes the initiative in securing or training such. So, he is an interested and active hospital organizer and administrator, and when new hospital room is needed he is the medical consultant on hospital construction.

With this mere mention of some of the forms of professional activity to the material and physical needs of prisoners, let us consider that part of the physician's field which extends to the prisoner's mental life, the psychic welfare of the patient. The most important and exalted usefulness of the prison physician lies in the exercise of those of his professional functions which relate to the mentality of his patients. The physician's first duty to prisoners in point of sequence is to secure physical health and comfort; but the insuring of that desideratum is only preparatory and secondary in importance to mental welfare endeavor. Now that medical science and enlightened administrative effectiveness have combined to render the prisoner's physical and material environment one of health and comfort, the time is ripe for the development of the clinical psychological examination of prisoners, for the prosecution of laboratory research work drawn from full, accurate, permanent and systematic case records made at individual interviews and examinations. Most valuable contributions to our criminological and psychiatric knowledge cannot fail to result from the studies of prison physicians, scientifically conducted with individual prisoners. Legitimate conclusions and recommendations based on a sufficiently large collection of reliable, permanent clinical data are of pre-eminent scientific and practical importance.

The individual interview and psychic examination provide an excellent opportunity for real uplift work,—for teaching the individual prisoner the supremacy of mind over matter. The prisoner who leaves a penal institution with a well-formed plan written out by himself of how he will spend his spare time evenings and holidays for a period of years in acquiring special skill in some definite occupation is fortified for his coming struggle with temptation to a far greater degree than if he had only the usual vague idea that he would this time "make good." The prisoner who understands from his prison physician that there are three steps to be taken, consciously or unconsciously, by every man who reforms, viz., (1) to wish to do well, (2) to make a plan by which he may do well, and (3) to determine to live by his plan for five years, more or less, is better prepared to succeed than if these steps had not been taught him. If the prisoner has been convinced that nearly all his fellow prisoners wish to do better, but that only those among them realize their wish who make a good plan and then work it out with a man's determination, he may be suffi-

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ciently inspired to realize his wish for success. If a prisoner has been taught that reformation can hardly take place in a reformatory because of shelter from temptation, but that the reformatory is a very good place in which to *prepare* for reformation by making plans therefor, like the general in his tent on the eve of battle, the newness of the viewpoint or the personal interest manifest by the physician, or the inspiration of his personality, may rouse a real ambition and resolution in the prisoner's mind which shall be sufficient, where there is no vital, inherent defect to determine the making of a self-made man.

Some prisoners need to have the difficulties of reformation pointed out to them. Others need to use more wit and judgment in planning. Still others, not defectives, lack practice and ability in clarity of thinking, self-application, the use of will-power or self-control or in other mental functions, and none but the prison physician can know so well of these handicaps of individual prisoners, and none but he is in so good a position to advise the prisoner and his friends, since he alone has commanding knowledge, after a study of his subject, of the essential elements in the prisoner's problem of mental rehabilitation.

The prison hospital staff which does not furnish a psychiatrist's skill, either in the person of the prison physician or otherwise, can hardly take pride in its completeness. An alienist's skill is obviously needed in every prison where there are malingerers to be detected, cases of insanity to be recognized, or any attempt made to classify inmates on the basis of mental capacity and efficiency. The prison physician who is himself an alienist has an essential armamentarium of resourceful experience with which to test the capabilities, detect the psychopathic departures, and influence the opinions of his subjects.

A directly philanthropic and educative influence may be exerted on the minds and lives of his patients by the prison physician who writes or prepares for circulation among them, either as loan or gift, copies of one or more brochures on such subjects as body hygiene, mental hygiene, sex hygiene and venereal diseases. No class in the community, perhaps, is in more need of correct teaching and illuminating information on matters of sex-hygiene than our prisoners, both from the viewpoint of social welfare and benefit to the prisoner himself. The depths of ignorance and diversity of misconception regarding sex matters found current among prisoners is startling. They and the social class to which most of them belong are, perhaps, the most efficient agencies in operation for spreading specific diseases. And clearly the prison physician is the only source of information available for this class.

There is a sharp contrast between the attitude of the family physician toward the mentality and morality of his patient who is not a prisoner and the attitude of the prison physician toward the mental activities of his prisoner patient. The general practitioner has seldom to "heal a mind diseased." The prison physician, on the other hand, finds his highest usefulness in the exercise of his functions of alienist and psychologist. It is the cure of an abnormal or malfunctioning mind that is needed for the prisoner, and in the matter and manner of his psychopathic and psychotherapeutic treatment lies the basis for one of the highest hopes of restoration. It is indeed a worthy work to remove the physical obstacles to reformation by the skillful practice of medicine and surgery; but at best that procedure is indirect and contributory. The activities of the prison physician are by no means limited to the exercise of these functions. It is essentially within his province to influence directly the mental processes of his patients; to exert the potent influence of mind upon mind; to deal with ethical values, with motives, emotions, impulses, suspicions, eroticisms, overvalued ideas, erroneous conceptions, with weaknesses of will and with wills misdirected and untrained. He may not work miracles with cases of retarded mental development, but he may recognize and classify such, and in more promising cases may teach that reason is a better guide than impulse; may explain away some prejudiced conception or damaging sophistry, or otherwise dispel a mental shadow that has darkened a life. Psychotherapy is surely an essential part of the physician's province, and no class in the community is so sadly in need of psychoanalytic and psychotherapeutic treatment as our prison population; furthermore, no class will react more responsively to such treatment when it is well adapted.

In the domain of research some very pertinent questions await a medical

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answer; such questions as relate to the degree of responsibility of individual prisoners and classes of prisoners; questions requiring an expert's opinion for day-to-day use by the administration and disciplinarian; as well as questions of academic importance contributory to the general mooted problems of the moral and legal responsibility of various degrees of mental defectiveness. Many other problems clamor for scientific medical study: problems relating to methods of education of normal prisoners and of abnormal prisoners; questions relating to methods of controlling the increase of constitutional defectiveness in coming generations; questions relating to the influence on criminality of transmissible traits and diseases. These and other questions, such as those relating to the causes of criminality, intimately concern the clientele of the prison physician and the public as well. Such problems can be solved only by scientifically trained students having sociological, psychological and medical knowledge and skill. The prison physician is logically the man to undertake these studies and to answer these questions. A wealth of clinical material awaits him in our reformatories and prisons where classification on a scientific basis is urgently needed, and where individual psychological work counts in tangible benefits to the individual, to the state and society as in no other department of medical activity. The psychic handicaps of prisoners are largely remediable theoretically, and it is a fact that many a young prisoner needs only to be taught in a receptive moment how to make plans for a creditable future, and how he may train his will to execute those plans, to bring within his reach a happy and successful life. The prison physician's opportunity to act in the capacity of clinical criminologist in this almost untouched field of scientific and practical endeavor is patent. Almost every writer on eugenics, euthenics or delinquency in any of their branches deplores the lack of accurate statistics, reliable information, real constructive research work in these fields.

Some prison physicians have foreseen this transition period in which we now are and have pointed out before this association and elsewhere some of the very problems for which we now earnestly seek men and methods for a solution. The gratitude and hearty support of thoughtful people, and the unthinking as well, are due those well-trained and skillful pioneer investigators, whether trained in medicine or not, who are already attacking these problems and teaching us how to study and how to treat our prisoners scientifically. The need for specially trained investigators is great, and the rewards of every conscientious student whose privilege it is to conduct or be connected with a criminological clinic cannot fail to be commensurate with the greatness of the opportunity and the importance of this virgin field.

Psychiatry has emerged in a generation and attained the dignity of a well-systematized and recognized medical specialty, and now that investigators are aroused and active, and pioneer criminological laboratories are already being organized in the prisons and courts of some of our great cities, it is not too much to expect that the development of criminology as a specialty and science will progress rapidly. The prison physician with laboratory facilities his for the asking, and clinical material going to waste for want of study, has his opportunity before him. Thomas Carlyle has said: "Blessed is he who has found his work. Let him ask no other blessedness."

GUY G. FERNALD,

Resident Physician, Massachusetts Reformatory, Concord; First Vice-President, Prison Physician Section, American Prison Association.
Address Before the Prison Association at St. Paul, Oct. 8, 1914.

COURTS—LAWS.

Shall Silence of Defendant Be Subject of Comment?—Following is a copy of a letter from the chairman to the members of the Committee on Courts of Criminal Procedure in New York City:

"43 Cedar Street, New York, January 26, 1915.

"Dear Sirs: I am in receipt of a copy of the Fourth Report of the Law Reform Committee of the Association of the Bar of the City of New York, dated December 11, 1914, signed by George Battle, chairman, and other members of that committee, which has been forwarded to me by Secretary Myers of the New York County Lawyers' Association, with a request that the Committee on Legislation and that of the Courts of Criminal Procedure confer with each other concerning the report. It is therefore officially before our committee, and I hope each member thereof will carefully consider it.